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# Exhibit LL

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**From:** David Koon <David.Koon@uscmed.sc.edu>  
**Sent:** 26 January, 2012 8:08 AM  
**To:** David Koon  
**Subject:** list  
**Attachments:** Remediation list.docx

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Review and adhere to the Palmetto Health Standards of Behavior.

Daily

Morning list ready by specified time daily set by chief resident. List includes up to date labs, vitals, patient plans, antibiotics, UOP, drain output, etc.

All assigned patients appropriately rounded on before morning conference.

Present to conference room by 6:25am every morning.

Read all assigned articles/chapters for conference. Be prepared to have interactive discussion/answer questions based on the assigned reading.

Report to OR and/or clinic immediately after conference is concluded.

Be on time to all assigned outpatient clinics.

Read and prepare appropriately for clinics and operative cases.

Discuss all cases preoperatively with attending.

Check out every day at the end of the day with chief resident regarding inpatients.

Communicate clearly and effectively with attending, ancillary staff, peers and families.

Respond appropriately to text messages and emails in a timely fashion.

Respond to constructive criticism in an appropriate and professional way. Admit and apologize for mistakes and be willing to endorse personal flaws. Take immediate action to correct deficiencies.

Follow patient care plan set out by attending and/or senior resident. If plan needs to be altered in any way, inform attending and/or senior resident immediately of changes to patient care plan.

Perform postoperative checks on all patients operated on, or needing postoperative checks at end of day.

Perform discharge or transfer summaries in a timely fashion, including patients as instructed by chief resident and/or attending, regardless of your involvement in the patient's care.

Perform other duties as assigned by attending / senior resident with a good attitude.

Call issues

If holding call pager during day, keep attending informed on whereabouts when seeing consults/attending to call issues.

Discuss every consult/patient/phone call taken while on call with attending or with chief resident.  
Check out immediately if urgent; check out the next morning if not urgent.

Orthopaedic consults : See patient. Evaluate patient. Order appropriate imaging and/or other studies as indicated. Provide timely and appropriate management to patients, including pain management. Obtain consents when necessary, mark patient when necessary, prepare patient for OR when necessary. Devise appropriate plan of action for care. Then call senior resident or attending.

Return phone calls, pages in timely fashion.

When on call over weekend, be prepared and present patients at fracture conference. Be prepared to discuss fracture classification, treatment options, outcomes, etc.

Patient care

Display empathy and compassion in all patient encounters.

Discuss injuries with patients and families in laymen terms.

Work effectively and efficiently within the patient care team, including nurses and ancillary staff.

**From:** David Koon <David.Koon@uscmed.sc.edu>  
**Sent:** Thursday, March 01, 2012 7:19 PM  
**To:** Andy T. McGown; Christopher Mazoue; Frank R Voss; jagdr@aol.com; Greg Grabowski  
**Subject:** Irani Update

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From: David Koon  
Sent: Thursday, March 01, 2012 6:52 PM  
To: Katherine Stephens; AnneMarie Hyer; John Walsh  
Cc: James Raymond  
Subject: RE: Irani Update

All -

Dr. Walsh spoke with Dr. Irani this afternoon and confirmed the facts surrounding the care of the hemophiliac patient last night.

Dr. Hoover (chief resident) and I spoke with Dr. Irani tonight. I questioned him about the events last night and this morning. He had no excuse for his actions and admitted that he had failed to abide by Dr. Wood's instructions, did not document appropriately, and that he had shown up late for rounds.

I informed Dr. Irani that the department's recommendation to the GMEC would be that he be dismissed from the program. In discussion with Dr. Stephens and the Exec Comm of the GMEC, he would be suspended (without pay per HR) from clinical duties immediately. Our recommendation will be brought forth to the full GMEC for their consideration on 10 APR 12.

I informed Dr. Irani that he has the opportunity to appeal this decision thru the Grievance and Due Process Policy.

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David Koon

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From: Katherine Stephens [Kathy.Stephens@PalmettoHealth.org]  
Sent: Thursday, March 01, 2012 11:23 AM  
To: AnneMarie Hyer; David Koon; John Walsh  
Cc: James Raymond  
Subject: Re: Irani Update

David,

Pls proceed with meeting with Irani to get his side of story. Will arrive in Orlando around 1:30. Call me to discuss next steps after that. We cannot continue current path and termination may be next step.

(Jim, I have contracted H.R. and Labor atty already. Will be in touch later today should GMEC Exec Com action be needed.)

Kathy

-----Original Message-----

From: David Koon <David.Koon@uscmed.sc.edu>

To: Katherine Stephens <Kathy.Stephens@PalmettoHealth.org>  
To: AnneMarie Hyer <AnneMarie.Hyer@PalmettoHealth.org>  
To: John Walsh <John.Walsh@uscmed.sc.edu>

Sent: 3/1/2012 8:36:27 AM  
Subject: Irani Update

Kathy / John -

Dr. Wood approached me this morning about another patient care issue that occurred last night while we were on trauma call. A hemophiliac patient came in to be evaluated for leg pain which we thought could be a compartment syndrome (a limb threatening problem). Dr. Irani evaluated the patient and Dr. Wood came in around midnight to see the patient with him. They called me shortly thereafter to give me an update. Dr. Wood instructed Dr. Irani to evaluate the patient at 4:00 this morning to make sure that his conditioned had not worsened. During rounds this morning, he admitted to Dr. Wood that he had "forgotten" to perform this evaluation. Failure to perform this evaluation placed the patient at risk for further harm. Also, Dr. Irani failed to report early for morning rounds (one of the remediation measures) and Dr. Hoover called into the call room and actually woke him up.

Despite the department's and the GMEC's actions to provide him with a reasonable remediation plan, I think that his actions over the past few days speak for themselves and he is putting our orthopaedic patients at risk. I would recommend that we immediately suspend him from clinical duties. I would recommend that we meet with him this afternoon to hear his side of the story. If a reasonable explanation is not presented by him, I would think that we have "just cause" to begin the dismissal process.

I'll be at the VA all day in clinic and will await your recommendations.

DK

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From: David Koon  
Sent: Wednesday, February 29, 2012 7:34 PM  
To: Kathy.Stephens@PalmettoHealth.org; John Walsh  
Subject: FW: Dr Irani patient encounter

Kathy -

Below is the email that I received from Dr. Grabowski for your review. Dr. Grabowski (with Dr. Voss) has discussed these issues with Dr. Irani. He instructed Dr. Irani to see the patient each morning and evaluate her wound and change her dressing. Dr. Irani failed to do this either today or yesterday and did not have a good answer as to why this was left undone.

The department has struggled with what the next step should be and we request guidance from the Executive Comm of the GMEC. We think that Dr. Irani has failed certain aspects of his remediation plan (patient care, interpersonal skills and communication, and professionalism) and we are concerned with patient safety. We have recommended in a previous email that we intend not to renew his contract, but we would request guidance as to whether or not this behavior rises to the level of "just cause" for dismissal.

Thanks for your consideration in this matter.

David